

Lincoln House Care Home Ltd

# Lincoln House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Lincoln House is registered to provide accommodation and nursing care for up to 60 people some who may be living with dementia. The service is split into two areas, a nursing wing and a residential wing.

This unannounced inspection took place on 27 September 2016.

At the last comprehensive inspection on 11 and 12 November 2015 the overall rating for the home was requires improvement. Improvements were needed to make the home safer, effective, responsive, caring and well led. We asked the provider to take action to make improvements to the assessment and monitoring of the service. During this inspection we found improvements had been made.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living in the home and they were cared for by staff in a respectful and dignified manner. Their rights to privacy and expressing their views and opinions were respected and supported. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe.

Staff had received training, which was regularly updated in order to enable staff to provide care in a way which ensured that people's individual and changing needs were met. Staff knew how to manage any identified risks and provided the care needed as described in each person's care record.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines and medicines were stored in a safe way.

There was a warm and welcoming atmosphere in the home and staff worked closely with people and their families to ensure each person was supported to maintain their individual interests and to have a meaningful and enjoyable life. In addition staff provided a varied programme of activities for people who wished to participate in them.

The registered manager ran the home in an open and inclusive way and encouraged people, their relatives and staff to speak out if they had any concerns. The registered manager and deputy manager listened and took action to resolve any issues or concerns identified. More formal systems were also in place for handling

and resolving formal complaints.

The provider and registered manager worked together as a team in order to regularly assess and monitor the quality of all the services provided. This approach ensured that any shortfalls in quality would be quickly identified and actions take to improve and develop the services people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe from harm and knew the correct procedures to follow if they thought someone was at risk.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were sufficient numbers of staff on duty and recruitment checks had been completed before new staff were employed.

### Is the service effective?

Good ●

The service was effective.

People were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervision sessions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time

### Is the service responsive?

Good ●

The service was responsive.

Staff were aware of people needs and were knowledgeable about the people that they supported.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in place and staff were able to approach them at any time.

People were enabled to make suggestions to improve the quality of their care.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

# Lincoln House Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 27 September 2016. It was undertaken by two inspectors.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 12 people. We also spoke with the registered manager, deputy manager, regional manager and seven staff who worked at the home. These included a nurse, senior care assistant, chef, daily activities co-ordinator and three care staff.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

# Is the service safe?

## Our findings

At the previous inspection in November 2015 we found that the provider was in breach of two legal requirements in this area and was rated as requires improvement. We found at this inspection that the provider had made significant improvements because medicines were being handled safely. We found that staff deployment was effective and people needs were being met in a timely way.

People we spoke with all told us they felt safe. One person said, "I would use my call bell if I was worried and the staff would come quickly to reassure me." Another person told us "There is always staff around so I know I am in good hands." A third person said, "Yes I feel safe they [staff] are always popping in to check I am alright."

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals for example a dietician. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

People and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs both during the day and at night time. One person told us, "The staff are lovely and they are always busy but don't rush me. I call and they come as quickly as they can." We observed staff worked together well and had the time to speak with people and to notice and respond when people called for help or assistance. One member of staff said, "Staffing levels are much better now. There is usually enough of us to meet people's care needs it's sometimes when staff ring in sick at short notice that puts the pressure on. We usually find everyone mucks in to help."

The registered manager told us they had an established staff team and had systems in place to enable them to maintain staffing levels. They also told us that staffing levels were increased to meet any new needs that had been identified. The registered manager told us that they regularly assessed the number of staff required to assist people with higher dependency support and care needs. This was in line with their company's policy on staffing levels. Records we looked at confirmed this. This ensured that the correct levels of staff were on duty to meet peoples assessed needs.

Staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "A change in a person's behaviour or if I noticed a bruise may indicate a concern. I would always tell the nurse or [registered] manager." Another staff

member said, "If I saw anybody handling a person roughly, I would report to the nurse or the [registered] manager." There was information available to staff on safeguarding people from harm which included telephone numbers to ring with their concerns.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager, as part of their auditing process, reviewed accident and incident reports to see if there are any trends. They then discuss with the nurse any identified action that should be taken to reduce the risk of recurrences. For example, where a person was noted to have had a number of falls they had been seen by the GP for a medication review.

Staff confirmed that they did not start to work at the home until all of their pre-employment checks, had been satisfactorily completed. Staff personnel files we saw confirmed that all the required checks had been carried out before the new staff started work. One staff member told us they had completed an application form, had an interview and then had to wait for their references and their criminal records check to be returned before they could start work at the home. This ensured that only suitable staff were employed to look after people living in the home.

Staff who were responsible for the management of people's medicines were trained and assessed to be competent. People we spoke with told us about the medicines support they received. One person said, "I get my pain relief when I ask for it. I don't like to take too many." Another person told us, "The staff are very good; they sort out all my tablets. I also have been reviewed by the GP and had a change in my tablets." A third person said, "If I need pain relief I just need to ask." We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Nursing staff made conversation and interacted with people whilst they were supervising them taking their medicines. Where people needed extra prompting and time to swallow tablets, this was given.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.



# Is the service effective?

## Our findings

At the previous inspection in November 2015 we found that the provider was in breach of one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made significant improvements because food and fluid was being managed effectively.

People we spoke with told us that their needs were met. One person said, "They're [staff] very good. The girls [staff] all make sure I am well cared for." Another person told us, "The staff know what they are doing they always ask me before doing anything." A third person said, "They [staff] can't do enough for you. They are wonderful."

Staff members told us that they had the training to do their job. This included training on infection control; safeguarding; moving and handling and fire training. Staff were able to demonstrate how their learning was applied and how they supported people with their moving and handling needs. They spoke to us about the different slings that were available for individual people when using a hoist. This meant that people were supported by staff who were correctly trained to support people's assessed needs.

Staff said that they were well supported by the registered manager and deputy manager. They told us they received regular supervision sessions which gave them the opportunity to discuss their day to day work role and any personal issues. The registered manager told us and staff confirmed they also used the sessions to identify and agree any additional training or development they required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made several applications to the local authority when they believed a person was being deprived of their liberty. The applications were based on the assessments of people's capacity to make an informed decision. These included, for instance, decisions where the person was to live and how they were to be looked after. They are awaiting a decision regarding the outcome of these applications by the authorising local authority.

Members of care staff told us that they had attended training in the application of the MCA and demonstrated an awareness of the underpinning principles and legislation. One member of staff said, "We can make decisions for them where it is their best interest. For example administering their prescribed medicine." Another member of staff explained that some of the people were unable to make certain choices

because they lacked mental capacity. However, they were aware that such people were looked after in their 'best interest.' This included, for example, making choices in what they are eating.

People said that they liked the food and had a choice of what they wanted to eat. One person said, "The food is quite good and there is always a choice." People were provided with cold and hot drinks and these were placed within their reach. During mid-morning people were offered biscuits and drinks. In the afternoon homemade cakes were also offered with their drinks. When people needed assistance to eat and drink, they were given the encouragement and support by staff with these needs. The chef was aware of people's likes and dislikes including cultural and specialist diets which were catered for, these included vegetarian and soft food diets.

We checked and found that people were helped to maintain their nutritional health. Although the dining room was out of action on the day of our inspection whilst it was being repaired, this was being well managed by the kitchen staff, care staff and the registered manager. We were told by kitchen staff that people would discuss the menus each day to decide what they would like to eat. One member of kitchen staff said, "I go around and ask people what they want to eat. People can have whatever they want." People's weights were monitored and the frequency of this monitoring was based on people's reviewed and up-to-date nutritional risk assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment.

We observed lunchtime in the conservatory. People were asked if they would like to wear a tabard to protect their clothes. People were offered a wide choice of drinks including alcohol. The member of staff who was serving the lunch knew what people had chosen although they checked with them that this was still what they wanted. They knelt down so they were level with the person when asking them what they would like to eat. We heard one person choosing an alternative meal to their original choice. Staff respected their choice and an alternative was provided. Specialist equipment was available such as plate guards. These allowed people to eat without assistance.

We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. One person said, "If you are ill they [staff] would call the doctor out." .

Staff made appropriate referrals to healthcare professionals. After lunch one person was unable to be roused and staff immediately called for the emergency services. Staff dealt with the situation in calm and unhurried manner and reassured other people that were in the area. This meant that people were supported to maintain good health and well-being.

## Is the service caring?

### Our findings

People told us they knew the staff well and that the staff were all very caring. One person said, "I can't say a bad word about them [staff]. I wouldn't be able to manage without them. They are lovely and so helpful." Another person said, "They [staff] look after me well. I couldn't be in a better place."

Staff knew people by their preferred name, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care people wanted and needed.

The registered manager and deputy manager knew people well and we observed people interacting with them and all the staff team openly. Communications between staff and people were warm and friendly with lots of laughter and chatting about the day and the things they liked to do. One person told us, "I love sitting with staff when they have time. We can talk about our day and we have a lot to laugh about." Another person added, "The staff are very caring. They are gentle and make sure I am comfortable before they leave me."

Staff checked and asked people for their consent before they provided any kind of personal care or assistance. Staff explained the support they were going to give before providing it to people. If people declined the help offered, staff respected the person's wishes and returned to offer the support again at a time when the person was ready to accept it.

When staff were supporting people with their personal care they gave people time to do what they were able to do for themselves. Staff quickly noticed and offered any support needed if people required assistance to move from one room to another. For example they moved furniture out of the way to allow a person to be independent in moving around. Rather than making any assumptions staff always asked people where they would like to be and where they would like to sit.

Staff were seen to knock on the doors and gave people time to respond before walking into the rooms and introducing themselves. One person told us, "The staff always ask if they can come in. Then ask if I need anything. I can do most things for myself. It is nice to know they are there if I need them." Staff ensured the doors to rooms and areas where personal care was being provided were closed to preserve people's dignity. People's rooms had been personalised, with ornaments and pictures and some had small pieces of furniture that people had chosen to bring in with them.

Throughout the day and at lunchtime people were able to be as independent as possible with eating and drinking. People had access to aids such as straws to help them to drink. During lunch staff regularly checked that people were enjoying their meals and offered additional help whenever they felt this might be needed. If people had chosen not to be assisted their wishes were fully respected. When people had made the choice to have their meals in their rooms their wishes had been carried out. We saw staff had also ensured people in their rooms had the same access to utensils to help them eat and drink independently and that they also had access to condiments to add any additional preferred flavours to their meals.

Staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. Although staff were aware that they may have to disclose information that put people at risk. They told us they would tell the person if they needed to tell somebody else for example, the registered manager. The provider had a policy and guidance in place for staff to follow regarding retaining information and disposing of confidential records and information. Staff confirmed staff had access to this and understood how it should be applied.

Peoples' care records were stored securely in the offices but staff could access them as required. These arrangements helped ensure people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

## Is the service responsive?

### Our findings

Care records that we saw contained information about people's preferences, routines and their life history. Pre admission assessments had been undertaken. The PIR told us that information was gathered to enable the registered manager and deputy to start the assessment process. This was to ensure that people's individual needs could be met. Consent from the person and or family was sought so that staff could approach other professionals, involved in their care, to build a clear picture of the person's needs. The registered manager added that new care plans were developed over a period of time, when the person's needs were being continually assessed and reviewed. One person said, "I am always asked if the care is how I like it. I told them it couldn't be better."

We observed the staff members interactions with people using the service. We found that the assistance and guidelines described in the care plans were being followed by staff. We saw detailed information in the care records. This showed us that staff had spent time listening to people and added useful background information into the care plan. For example, staff were able to tell us about people lives and what their occupation had been and about members of people's families. This helped staff when starting a conversation with people.

Care plans had been reviewed regularly so that any changes to people's needs had been identified and acted on. Records showed that when people's needs had changed, staff had made appropriate referrals to healthcare professionals. Examples included referrals to a dietician, dentist and an optician. We saw that the care plans had been updated accordingly.

People said that staff met their care needs. One person said, "The staff are wonderful. They are so patient with me as I am very slow." Another person said, "They [staff] usually come fairly quickly when I call, but I have to wait till members of staff are free. They are usually dealing with others but they are so kind." People showed they were happy with lots of smiles, chatter and laughter. People on the whole confirmed they were well looked after.

People were encouraged to follow their own interests at the service or with people visiting from the community. People were supported to keep community contacts and to remain in touch with friends and family. There was one person whose sole responsibility was to support people with social activities. These included group and individual activities at the home.

A timetable was available to people showing the regular activities that took place during week days. These included religious services, visit from a therapy dog, local poems and stories, games and puzzles. One person told us, "I enjoy all the activities I am usually first in the lounge when anything is going on." Another person said, "There is always something going on and you can join in or not." A third person told us there has been a vintage tea party which they had thoroughly enjoyed including the cakes. Photographs of the event were on show in the home.

People we spoke with told us they would be confident speaking to a member of staff if they had any

complaints or concerns about the care provided. One person said, "If I had any to complain about they [staff] would surely know about it. I am quite outspoken." Another person told us, "I [would] speak to any member of staff if I was not happy with the care provided. They are all very good and do listen to us."

There had been a number of compliments received from relatives especially thanking staff for the care and support their family members received during their time at this home. There was a complaints procedure which was available in the main reception area of the home. From the complaints log we saw that complaints had been responded to in line with the home's policy. We saw that there had been a number of complaints regarding the food provided in the home. A meeting had been arranged with the catering department and menus and portion sizes had been reviewed. One person said, "Oh yes they [staff] are always asking us if we are getting what we want. I am very happy with the care the staff provide." Another person told us, "We have meetings [resident meetings] and we are able to say what we think. They are very good at listening to us."

## Is the service well-led?

### Our findings

At the previous inspection in November 2015 we found that the provider was in breach of one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made sure that systems were in place to monitor and improve the quality of the service.

There were effective quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety. Records we saw confirmed this

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

Information we received from the local authority contracts team told us that improvements continue with evidence that these were being embedded. There was evidence of good care taking place from both the care and ancillary staff observed during their visit. The management acknowledged they are on a journey to secure improvements with more work to be done and embed into the day to day delivery of care.

There was a registered manager in post at the time of this inspection. People said that they knew who the registered manager was. One person said, "She's lovely person and is always popping in to see me". Another person said, "They [Registered Manager] know me well and they help with care if its busy." A third person told us, "She [registered manager] keeps us well informed about what is going on. All the staff are very good."

The registered manager was very knowledgeable about what was happening in the home including the improvements to be made to the environment, which staff were on duty, people whose health required a GP visit or other professional support such as the dietetic nurse. This level of knowledge helped them to effectively and safely manage the home and provide leadership for staff.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. Some improvements that had been identified were to create a café in the seating area leading to the courtyard. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

Staff told us that they felt supported by the registered manager. One staff member said, "They [registered

manager] like to hear are views in making things better for people." Another said, "[Name of registered manager] is very approachable and there door is always open." All said they could speak freely at team meeting and during supervision.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "All staff here are kind and treat people well. I am sure the [registered] manager would take action if they are told that a staff member is not treating people right".

Staff felt there was good teamwork. One of them said, "I love coming to work the atmosphere is good. There is always lots of laughter between staff and the residents. [People who live at the home]." We observed this to be the case during our inspection.

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well managed and had the knowledge and systems they needed to care for people in a responsive and effective way. Staff said that their senior informed them of incidents when issues occurred and that they were discussed to ensure they did not happen again.

People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the nurses regularly 'work alongside them' to ensure they were delivering good quality care to people.